

STROKE PHYSICIAN

CLINICAL DECISION PACK



STROKE PHYSICIAN CLINICAL DECISION FORM

EXCLUSION CRITERIA FOR INTRAVENOUS THROMBOLYSIS

NIHSS STROKE ASSESSMENT FORM

INFORMED CONSENT FOR THROMBOLYSIS FORM

STROKE PHYSICIAN CLINICAL DECISION

PATIENT NAME:

Therapeutic decision

1. Diagnosis

Clinical Presentation:

CT Imaging Observations:

Hyperdense artery sign

☐

Yes

☐

No

Side

% of MCA Region damaged

☐

<1/3

☐

>1/3

ASPECTS Score

CTA

2. Bleed/No Bleed

Evidence of Bleeding on the CT scan

☐

Yes

☐

No

3. Severity

NIHSS Score

Glasgow Coma Scale

mRS pre-stroke



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4. Contraindications

Problems	Consideration	Contraindication?	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
Time since last seen normal		☐ Yes	☐ No
Blood pressure		☐ Yes	☐ No
Blood Glucose		☐ Yes	☐ No
INR		☐ Yes	☐ No

5. Therapeutic Priorities

Hyperacute (0-1 h)	Acute (1-24 h)	Postacute (24-72 h)

Therapeutic decision

☐ Thrombolysis	☐ General supportive therapy	☐ Haemorrhagic stroke
☐ Thrombectomy	☐ TIA	☐ Mimic

Reason for therapeutic decision

EXCLUSION CRITERIA FOR INTRAVENOUS THROMBOLYSIS

ALL points of the checklist must be answered with NO for the patient to be treated with intravenous thrombolysis. If any of the following points are answered with YES; treatment with intravenous thrombolysis is contraindicated.

Contraindications for thrombolysis

Contraindications associated with a high risk of haemorrhage such as:	Yes	No
Known haemorrhagic diathesis	☐	☐
Patients receiving oral anticoagulants, e.g. warfarin sodium	☐	☐
Manifest or recent severe or dangerous bleeding	☐	☐
Known history of or suspected intracranial haemorrhage	☐	☐
Suspected subarachnoid haemorrhage or condition after subarachnoid haemorrhage from aneurysm	☐	☐
Any history of central nervous system damage (i.e. neoplasm, aneurysm, intracranial or spinal surgery)	☐	☐
Recent (less than 10 days) traumatic external heart massage, obstetrical delivery, recent puncture of a non-compressible blood vessel (e.g. subclavian or jugular vein puncture)	☐	☐
Severe uncontrolled arterial hypertension	☐	☐
Bacterial endocarditis, pericarditis	☐	☐
Acute pancreatitis	☐	☐
Documented ulcerative gastrointestinal disease during the last 3 months, oesophageal varices, arterial aneurysm, arterial/venous malformations	☐	☐
Neoplasm with increased bleeding risk	☐	☐
Severe liver disease, including hepatic failure, cirrhosis, portal hypertension (oesophageal varices) and active hepatitis	☐	☐
Major surgery or significant trauma in past 3 months	☐	☐
Evidence of intracranial haemorrhage (ICH) on the CT-scan	☐	☐
Symptoms suggestive of subarachnoid haemorrhage, even if CT-scan is normal	☐	☐
Administration of heparin within the previous 48 hours and a thromboplastin time exceeding the upper limit of normal for laboratory	☐	☐
Prior stroke within the last 3 months	☐	☐
Platelet count of below 100,000/mm ³	☐	☐
Systolic blood pressure >185 or diastolic BP >110 mmHg, or aggressive management (IV medication) necessary to reduce BP to these limits	☐	☐
Contraindication based on time:		
Symptoms of ischaemic attack beginning more than 4.5 hours prior to infusion start or when time of symptoms for which the onset time is unknown and could potentially be more than 4.5 hours ago	☐	☐
Contraindications based on stroke severity:		
Minor neurological deficit or symptoms rapidly improving before start of infusion	☐	☐
Severe stroke as assessed clinically (e.g. NIHSS >25) and/or by appropriate imaging techniques	☐	☐
Contraindication related to age:		
Children under 18 years	☐	☐
Additional contraindications:		
Seizure at onset of stroke	☐	☐
Any history of prior stroke and concomitant diabetes	☐	☐
Blood glucose <50 or >400 mg/dl	☐	☐

RAPID STROKE ASSESSMENT NIHSS Stroke Scale Short version¹

Administer stroke scale items in the order listed. Record performance in each category after each subscale exam. Do not go back and change scores. Follow directions provided for each exam technique. Scores should reflect what the patient does, not what the clinician thinks the patient can do. The clinician should record answers while administering the exam and work quickly. Except where indicated, the patient should not be coached (i.e., repeated requests to patient to make a special effort).

		Score		
		Admission	72 hours	discharge
1a Consciousness	0 = Awake 1 = Drowsy 2 = Stuporous 3 = Comatose			
1b Orientation	0 = Month, age correct at first attempt 1 = One correct, or intubated, severe dysarthria or language barrier 2 = None correct or aphasic or comatose			
1c Following commands	0 = Obeys both correctly 1 = Obeys one 2 = Does not obey either command, or comatose			
2 Gaze	0 = Normal 1 = Partial peripheral paresis (N. III, IV, VI) or deviation that can be overcome 2 = Fixed deviation			
3 Visual field	0 = Normal 1 = Quadrant anopia or extinction 2 = Complete hemianopia 3 = Blindness			
4 Facial movement	0 = Normal 1 = Slight central paresis, flattened nasolabial fold 2 = Clear central paresis or paralysis 3 = Bilateral or peripheral paresis or coma			
5a Holding up left arm	0 = Arm held up normally for 10 seconds 1 = Arm slowly drifts partway down 2 = Arm quickly drifts all the way down 3 = Arm falls down 4 = No movement or coma			
5b Holding up right arm	0 = Arm held up normally for 10 seconds 1 = Arm slowly drifts partway down 2 = Arm quickly drifts all the way down 3 = Arm falls down 4 = No movement or coma			



RAPID STROKE ASSESSMENT – NIHSS Stroke Scale (short version)

		Admission	Score 72 hours	discharge
6a Holding up left leg	0 = Leg held up normally for 5 seconds 1 = Leg slowly drifts partway down 2 = Leg quickly drifts all the way down 3 = Leg falls down 4 = No movement or coma			
6b Holding up right leg	0 = Leg held up normally for 5 seconds 1 = Leg slowly drifts partway down 2 = Leg quickly drifts all the way down 3 = Leg falls down 4 = No movement or coma			
7 Ataxia	0 = No ataxia, Pat. does not understand, paralysis or coma 1 = Ataxia in 1 limb 2 = Ataxia in 2 limbs			
8 Sensitivity	0 = Normal 1 = Mild sensory loss 2 = Total sensory loss or coma			
9 Language	0 = Normal 1 = Difficulty finding words, mild aphasia 2 = Clear difficulties in conversation 3 = Global aphasia, Patient mute or comatose			
10 Dysarthria	0 = No dysarthria 1 = Dysarthria, can be understood well 2 = Dysarthria, scarcely intelligible or Pat. does not answer, or coma			
11 Extinction	0 = No abnormality 1 = Extinction of one sensory modality or other signs of neglect 2 = Extinction of more than one sensory modality or coma			
Total				

ED physician, name	Staff number	Signature	Date
			Time

INFORMED CONSENT FOR THROMBOLYSIS FORM

PATIENT NAME:

I have explained to the patient / family member / guardian about the patient's condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches.

I have discussed the likelihood of major risks or complications of this procedure including (if applicable) but not limited to loss of limb function, brain damage, paralysis, haemorrhage, infection, drug reactions and loss of life. I have also indicated that with any procedure there is always the possibility of an unexpected complication.

Additional comments (if any)

Stroke specialist, name

Staff number

Signature

Date

Time

Dr..... has explained to me (or my family member / guardian) why they believe a stroke is happening and which of the available methods would be most likely to improve the condition. They have explained the risk and benefits of the drugs and techniques available to dissolve blood clots in the brain and possible alternative treatments. They recommend the use of thrombolysis (a clot dissolver) to dissolve the blood clot causing the stroke.

The risks of intravenous thrombolysis include:

Death, stroke or permanent neurologic injury (paralysis, coma, etc)

Bleeding in other parts of the body

Allergic reaction to medications

Worsening of stroke symptoms from swelling or bleeding in the brain

Need for blood transfusions to replace clotting factors

Other unexpected complications

All my questions were answered and I; the patient / family / guardian, consent to the procedure. I was able to take sufficient time before giving my consent to treatment with thrombolysis. I expressly agree to my patient data being stored for purposes of quality improvement of stroke therapy and forwarded to third party vendors as part of these quality improvement purposes.

Dr..... has explained the above to me and I consent to the procedure.

Patient/family member/
guardian's name*

Patient/family member/
guardian's signature

Date

Time

*If patient is unable to provide a signature, indicate reasons in comments section above.